	Inder the Papers	ork Reduction Act	of 1895, r	o persons are rec	udred to respond	U.S. Patent and ' to a collection of in	Trackers art Mi		augh 7/31/2006, (DEPARTMENT (ays a valid OMB	-
PATENT APPLICATION FEE DETERMINATION Substitute for Form PTO-875						N RECORD		Application of Docket Mumber 7		
	CLAIMS AS FILED - PART ((Column 1) (Column 2)						ENTITY	OR/		R THAN ENTITY
FOR		NUME	NUMBER FILED		NUMBER EXTRA		FEE	1	RATE	FE
BASIC FEE (37 CFR 1.15(V))						RATE		OR .	74.10	1.
TOTAL CLAIMS G7 CFR 1.18(g)		20	20 minus 20 - 1.			XI.		OR	× 4	
942 (57	EPENDENT CLA CFR 1.18(b))	MS 2	emine	3				OR.	X s	_
	SULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.18(6))					+3		OR		\vdash
_	The difference in column 1 is tess than zero, enter "O" in column 2.					TOTAL	\vdash		***	t
						IOIAL	<u> </u>	OR	TOTAL	
	CLAIMS AS AMENDED - PART II									
		(Column 1)		(Column 2)	(Column 3)	SMALL	ENTITY	O R		R THAN ENTITY
ENTA		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	TION
5	(अ.क्ष.) स्टाब्स् क्षित्रः। स्टाब्स्	21	Minus	21	-	x 1		OR	x 9/.	-
END	(20 GFR L-stpg)	3	Minus	73	10	× 3		OR		
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1,18(4))					+8 -		OR	7	
	10.5	de				TOTAL ADD'L FEE		OR /	TOTAL ADD'L FEE	
	10.	(COUNTY 1)		(Cotumn 2)	(Column 3)			1		
ENT B		CLAIMS REMAINING AFTER AMENDMENT		MIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE	ADI TION FE
5	TOLES (ST CFR L HOSE)	23	Minus	" A	21	X1 -		OR	x = 56 .	100
END	Independent CST CFR 1, MID()	. 3	Minus	-3	-0			OR	и в =	
AM	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37, CFR 1.1829)					+: -		OR	+ 3	
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		(Column 1)		(Column 2)	(Column 3)		<u> </u>		,350,00	
ENT C		CLABAS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL		RATE	ADD TION
ME	Total (37 GFR 1,18(c))	.53	Minus	23		X .	-F5€.	OR	X 1 -	€€
AMENDM	Independent (37 GPR 1.18(14))	• 3	Minus	3	•—	X .		OR		
₹	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (17 CFR 1.15(d))					. /		OR	7 .	=
								~~	+ \$=	

• If the entry in column 1 is tests than the entry in column 2, write "of in column 3.

"If the "Eighest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Eighest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number lound in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or ration a benefit by the public which is to life (and by the USPTO to process) en application. Confidentiality is governed by 33 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 12 minutes to complete, including gatheting, preparing, and submitting the completed application from to the USPTO. Time we vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patient and Taxiemski Office, U.S. Department of Conumerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TO: Commissioner for Patients, P.O. Box 1450, Alexandria, VA 22313-1450.

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